

MEMORANDUM

Agenda Item No. 11(A)(23)

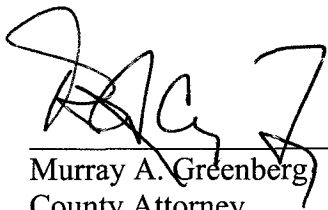
TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: April 25, 2006

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Resolution accepting Public
Health Trust Nominating
Council's recommendation
for appointment to the
Public Health Trust Board
of Trustees

The accompanying resolution was prepared and placed on the agenda at the request of
Commissioner Rebeca Sosa.

for: 

Murray A. Greenberg
County Attorney

MAG/bw

Memorandum



Date: April 25, 2006

To: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

From: Honorable Commissioner Rebeca Sosa 
Chairperson, Public Health Trust Nominating Council

Subject: Resolution Accepting Public Health Trust Nominating Council Recommendations for
appointment to the Public Health Trust Board of Trustees

RECOMMENDATION

It is recommended that the Board of County Commissioners approve the appointment of one candidate nominated by the Public Health Trust (PHT) Nominating Council to fill the current vacancy on the PHT Board of Trustees.

BACKGROUND

Pursuant to Section 25A-3 of the Code of Miami-Dade County, the PHT Board of Trustees shall be appointed by resolution of the Board of County Commissioners (BCC).

On February 21, 2006 the Board approved Resolution 215-06 accepting the Nominating Council's recommendation of candidates to fill the six vacancies for the 2005-2008 term. Candidates included Jorge L. Arrizurieta, Abraham A. Galbut, Raul P. Masvidal, Luis D. Mella, Martin G. Zilber, and University of Miami appointee Stanley Arkin.

Recently, a new vacancy for the current term has been created by the resignation of PHT Board member Michelle Austin, Esq. In order to fill the void on the PHT Board, the Nominating Council convened on April 7, 2006 to recommend the appointment of another member. Georgena D. Ford is a retired registered nurse who was a finalist for the 2005-2008 term, and underwent background checks and interviews during that process. The Nominating Council recommends that she be appointed to fill this vacancy for the remainder of the term.

Her nomination will become effective as of the date that this resolution is adopted, and her term will end on October 6, 2006. At that time, Ms. Ford will be required to apply for the position again for the next 2006-2009 term.

The PHT Nominating Council sincerely believes that our recommendations are both objective and balanced and in the best interest of the community. We are hopeful that the BCC will approve this recommendation for appointment to the PHT Board of Trustees.


Assistant County Manager



MEMORANDUM

(Revised)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: April 25, 2006

FROM: Murray A. Greenberg
County Attorney

A handwritten signature in black ink, appearing to read "Murray A. Greenberg", is written over the printed name.

SUBJECT: Agenda Item No. 11(A)(23)

Please note any items checked.

- ☐ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- ☐ 6 weeks required between first reading and public hearing
- ☐ 4 weeks notification to municipal officials required prior to public hearing
- ☐ Decreases revenues or increases expenditures without balancing budget
- ☐ Budget required
- ☐ Statement of fiscal impact required
- ☐ Bid waiver requiring County Manager's written recommendation
- ☐ Ordinance creating a new board requires detailed County Manager's report for public hearing
- ☐ Housekeeping item (no policy decision required)
- ☐ No committee review

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(23)
04-25-06

RESOLUTION NO. _____

RESOLUTION ACCEPTING PUBLIC HEALTH TRUST
NOMINATING COUNCIL'S RECOMMENDATION FOR
APPOINTMENT TO THE PUBLIC HEALTH TRUST BOARD
OF TRUSTEES

WHEREAS, the Public Health Trust Nominating Council convened on April 7, 2006 to determine its recommendation for appointment to the Public Health Trust Board of Trustees to fill the vacancy of Michelle Austin, Esq., who resigned effective January 30, 2006; and

WHEREAS, Michelle Austin's term will expire on October 6, 2006; and

WHEREAS, the Public Health Trust Nominating Council hereby recommends Georgena D. Ford to fill the vacancy of Michelle Austin, Esq., for the term expiring on October 6, 2006, as set forth in the attached memorandum, a copy of which is incorporated herein,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board hereby accepts the Public Health Trust Nominating Council's recommendation and appoints Georgena D. Ford to fill the vacancy of Michelle Austin, Esq., on the Public Health Trust Board of Trustees for the term expiring on October 6, 2006, as set forth in the accompanying memorandum.

The foregoing resolution was sponsored by Commissioner Rebeca Sosa and offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to vote, the vote was as follows:

Joe A. Martinez, Chairman
Dennis C. Moss, Vice-Chairman

Bruno A. Barreiro
Audrey M. Edmonson
Sally A. Heyman
Dorrin D. Rolle
Katy Sorenson
Sen. Javier D. Souto

Jose "Pepe" Diaz
Carlos A. Gimenez
Barbara J. Jordan
Natacha Seijas
Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 25th day of April, 2006. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency. *ES/ncr*

Eugene Shy, Jr.

**Candidate for Nomination to Serve on the Board of Trustees
Public Health Trust of Miami-Dade County
Jackson Health System**

Biographical Profile

Name: Ford, Georgena D.
Last First Middle

Employer: Retired Registered Nurse

Title/Occupation: -

Business Type: -

Business Address: -

Business Telephone: - Fax: -

Email Address: -

Home Address: 19035 N.W. 54th Place, Mia, FL 33055

Home Telephone: 305-621-2701

Date of Birth: 2/19/40 Length of Residence in Miami-Dade County: Over 42 years

PLEASE CHECK APPROPRIATE INFORMATION LISTED BELOW (Optional)

- | | | |
|--|--|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> White Non-Hispanic | <input type="checkbox"/> American Indian or Alaskan Native |
| <input checked="" type="checkbox"/> Female | <input checked="" type="checkbox"/> Black Non-Hispanic | <input type="checkbox"/> Haitian American |
| | <input type="checkbox"/> Hispanic | |
| | <input type="checkbox"/> Asian or Pacific Islander | |

EDUCATION:

School/City/Degree:

Harlem Hospital School of Nursing - Diploma
Florida International University - Health Care
Administration - B.S.

19035 NW 54th Place
Miami, FL 33055
T-305-621-2701

September 28, 2005
Hand Delivered

Office of the County Manager
111 NW 1st Street, Suite 2020
Miami, FL 33128

RE: Public Health Trust-2005 Candidate


Dear Mr. Hernandez,

Enclosed you will find completed information requested:

- Miami Dade Personal History Questionnaire
- Miami Dade Authorization to Release Information
- Credit Report Authorization

If you should have any questions or require additional information, please call me at
305-621-2701

Respectfully,


Attachments

Georgena D. Ford, RN
19035 NW54th Place
Miami, FL 33055
305-621-2701

Education:

Florida International University
North Miami, FL
Bachelor of Science Health Service Administration, April, 1996

Harlem Hospital School of Nursing
Manhattan, New York, September, 1962

Employment:

North Shore Medical Center/Tenet South Florida Health System, Miami, FL. September, 1986 to June, 2002 (16 years)

- **Director of Critical Care Services (Intensive Care unit, Coronary Care unit, Emergency Department, and Telemetry)June, 2000-June-2002.**

Responsible for administrative, fiscal management, and clinical operation for 22 unit beds (12 intensive beds and 10 Coronary beds), 72 telemetry beds and the emergency department that serviced 30,000 patients annually. Responsible for staff adherence to nursing standards and practices. Responsible for purchasing of medical equipment, develop, review and implement policies and procedures. Negotiated agency contracts. Developed staffing matrix based on patient care hours.

- **Nursing Coordinator, July, 1997-May, 2002**

Administrative supervisor on the 7pm -7am shift. Coordinated patient care services. Participated in administrative functions for patient care services. Resource person for the coordination of patient care. Responsible for adequate staffing for all nursing units, monitored the utilization of contract labor.

- **Acting Exec. Director, North Dade Clinics, Inc. (previously owned by North Shore Medical Center) Oct. 1996- June 1997**

Responsible for the daily operation of three non-for-profit medical/surgical clinics. (including maternity)

Involved in the Budget process, developed and implemented policies and procedures,

- **Administrative Director, North Shore Medical Center-DBA Bayshore Home Health, Miami, Fl Oct, 1990- Sept. 1996**

Responsible for directing the home health care for Medicare and private patients. Involved in Budget planning, developing and implementing policies and procedures. Responsible for coordination of home care (nursing, therapy, social worker and home health aide). Moved the home health component from hospital campus to off site and later moved back on campus. Met all requirements for the **first** JCAHO accreditation.

- **Director of Professional Services, March, 1987-September, 1990**

Directed the Home Health Medicare Agency in the delivery of care by skilled nurses and paramedical professionals. Involved in Budget planning, developing and implementing policies and procedures. Contract negotiation.

- **Patient Care Coordinator, September, 1986-February 1987**

Coordinated, assisted, developed and established home health care plans for patients being discharged from the hospital or skilled nursing facility.

HMO America North Miami, Fl

- **Director of Utilization/ Quality Assurance, September 1985-July 1986**

Developed Utilization Review manual and Quality Assurance policies and procedures for a new HMO. Performed patient assessments on hospitalized patients and discharged patients for appropriateness.

Villa Maria Nursing Center/ Bon Secour Hospital North Miami, Fl January 1982-July 1985(4 years)

- **Assistant to the Director Nursing December 1982-July 1985**
Assistant to the Director in coordinating patient care for long term patients. Involved in the nursing policies and procedures process as it relates to patient care, practices and standard of care.
- **Head Nurse, July 1982-December 1982**
Responsible for nursing practices and standards for two long term patient care units.
- **Admission Review Nurse, January 1982-June 1982**
Performed patient assessments on patients in Dade and Broward counties for eligibility for admission to Villa Maria/Bon Secour Rehabilitation Hospital

International Medical Centers-HMO Hialeah, Fl

- **Director of Nursing, May 1981-December 1981**
Coordinated and responsible for the delivery of health care services to patients at ten(10) clinic, including one(1) clinic in Broward county. Developed manuals, provided In- Service for all health care providers. Met all requirements for the first Health Care Financial Administration and JCAHO Accreditation.

Mount Sinai Medical Center, June 1978-March 1981 (3years) Miami Beach, Fl

- **Administrative Assistant, January 1981-march 1981**
Coordinated and responsible for Public Relations and audio visual requirements for the hospitals' first Gerontology Conference on Aging for more than 150 faculty members.
- **Admitting Nurse manager, October 1979-December 1981**
Managerial and operational responsibilities for admitting practices and standards. Responsible for census reporting and distribution.

- **Admitting Nurse Coordinator, June 1978- September 1979**

Implemented the bed control system for 372 bed hospital.
Developed and implemented the hospitals Pre Admission Program.

**Home Health Services of Dade County, August 1974-May 1978
Miami Beach, Fl (4 years)**

- **Assistant Director/Discharge Planner/In- Service Coordinator
Miami Beach, Fl, August 1974-May 1978 (4 years)**

Assisted in the development and implementation of policies and procedures for a **newly** organized Home Health Agency.
Coordinated staff education on all levels. Reviewed hospitalized patients for appropriateness for admission to home care. Made home visits.

**Mount Sinai Medical Center, March 1965- July 1974 (9 years)
Miami Beach, Fl**

- **Nursing Coordinator, Outpatient Department, May 1973-July 1974**

Planned, organized and directed patient care for the out-patient clinic.
Implemented the appointment system.

- **Nursing Supervisor, Emergency Department, March 1972-April 1973**

Responsible for quality care deliverance in the acute and emergency setting. Implemented cross- training program between intensive care nurses and the emergency department nurses.
Opened the newly renovated emergency department.

Nursing Supervisor, Surgical Intensive Care, July 1969-February 1972

Coordinated team nursing and implemented total nursing care in the surgical intensive care unit. Assisted with the development and the implementation of the training program for the fire rescue medical technicians to be intensive care technicians.

- **Staff Nurse, Surgical Intensive Care Unit, March 1965 -June 1969**

Provided nursing care to patients in the intensive care unit

Jackson Memorial Hospital, Mount Sinai Medical Center
Miami, Fl/Miami Beach, Fl June 1964- February 1965

- Per Diem nurse -Intensive Care Units
- Provided nursing care to patients in intensive care

Cedars of Lebanon Hospital, November 1963-February 1964
Miami, Fl

- Staff Nurse, Medical and surgical units

Yakima Hospital, January 1963-October 1963
Yakima, Washington

- Staff Nurse/Head Nurse Recovery Room
- First Afro American nurse employed as a staff nurse and months later promoted to Head Nurse in the recovery room.

Skills

- Ability to work well with others, compassionate
- Excellent organizer, excellent communication skills, excellent analytical skills, excellent management skills, excellent administrative skills, excellent fiscal management skills

Affiliations

- New way praise and Worship Center
- Florida Nurses Association
- NAACP member
- Youth for Christ
- Founder of retirees, seniors and friends fellowship group
- AARP

Clerk of the Board of County Commissions
111 NW 1st Street, Suite 17-202
Miami, Florida 33128
August 29, 2005

Attention: Kay Sullivan

I am a retired Register Nurse submitting my application and resume for nomination to serve on the Board of Trustees for the Public Health Trust.

In summarizing my resume, I did work at Jackson Memorial Hospital early in my nursing career, and it has always been my desire to be apart of the Public Health Trust Board. Since that time, I have accumulated over 30 years of experience as an Administrator/ Manager in the health care field, such as in Hospitals, Home Health Agency, Extended Care Facility and a Health Maintenance Organization. I have 10 years of experience as a clinical nurse, that included medical, surgical and intensive care nursing. I have experience in the budgetary process and have developed cost effective programs such as cross-training Intensive Care Nurses and Emergency Department Nurses in order to reduce contract labor. In addition, I implemented an incentive program for continuity in patient care and again to reduce contract labor.

I would like to use my vast experience in administration, management, and budgeting in the health care arena, to assist the Public Trust in setting sound policies in order to provide high standard and cost effective health care to the community.

Respectfully,

Georgena D. Ford

CLERK OF THE BOARD
2005 AUG 31 PM 1:23
CLERK, CIRCUIT & COUNTY COURTS
DADE COUNTY FLA.
MI

14

I, (candidate's name) Georgena D. Ford,
Citizen of the United States, a duly qualified elector of Miami-Dade County, and not
affiliated with the Public Health Trust of Miami-Dade County or its subordinate agencies
or institutions, would, if appointed, be willing and able to discharge the responsibilities
and functions of Trustee. I declare that, if selected while currently serving on another
official County board, I will resign from my other County responsibilities.

8/30/05
Date

Georgena D. Ford
Candidate's Signature

Nominated by (if not self):

Commissioner Betty Ferguson 305-625-9670
Retired Name Telephone
Miami FL 33056
City State Zip Code

**MIAMI-DADE COUNTY
AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize any authorized representative of Miami-Dade County, Florida bearing this release, or copy thereof, to obtain from any agency of the Government of the United States, and/or any other agency, person, firm, or corporation holding records concerning me that are considered confidential, any and all information requested that involves me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to Miami-Dade County. This further includes the furnishing of copies of pertinent documents about my background as required.

Such records may pertain to my employment records or educational records including but not limited to achievement, attendance, personal history, and disciplinary records, medical records, credit records, reasons for termination of employment, reasons for discharge from the military service, job performance, complete history of injuries suffered, including any disability remaining, criminal history and other personal information which may not otherwise be obtained without any prior agreement. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information provided is for the official use of Miami-Dade County.

I hereby release you as the custodian of such records and as employer, educational institution, physician, hospital or other repository of medical records, or credit report agency, or any other agency or entity, and including all of your officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates arising out of compliance with this authorization and request to release information, or any attempt to comply with it.

Georgena D. Ford
Print Name

Georgena D. Ford
Signature

Date: 9/27/05 9/28/05

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF DADE

Before me personally appeared GEORGENA DAVIS FORD, who acknowledges that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn to and subscribed in my presence this 28 day of SEPTEMBER 12005.



My Commission Expires

Edw. Morales
NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

MIAMI-DADE COUNTY PERSONAL HISTORY QUESTIONNAIRE

LAST NAME	FIRST NAME	MIDDLE NAME
Ford	Georgena	Gloria

Check One: Male ☐ Female ☒ **LXI**

Alias(es), Nicknames, Maiden Name, or other changes in name. (Include official documents concerning any changes in name.)

Georgena Gloria Davis (maiden Name)

Date of Birth			Place of Birth	
Month	Day	Year	(City, County, State, Country)	
February	19	1940	Miami,	Dade, Florida, USA
Social Security Number			Driver's License Number	
262-62-3820			F630-284-40-559-0	

Present Residential Address	City or Post Office	State	Zip Code
19035 NW 54th Place	Miami,	Florida	33055
(area code) Residence Telephone Number		(area code) Cellular Number	
(305) 621-2701		(786) 489-2732	

With whom do you reside?

Husband , Daughter and Mother

Marital Status?

SINGLE ☐ ENGAGED ☐ MARRIED ☒ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐

If married, are you living with your spouse? YES ☒ NO ☐

If not, state reason:

Date Married	Where Performed	Spouse's Name (Wife's Maiden Name)	Date of Birth	Social Security Number
December 30, 1962	Miami, Florida	LaRue R. Ford	June 28, 1937	262-50-5233

Name and address of former spouse(s) if divorced or separated (if available):

Name	Address (Street, City, State)	Phone No. (Area Code)
None - Only one marriage		

If ever separated, annulled or divorced, indicate below the following information:

A. Separated, annulled or divorced	Date of Order or Decree (if available)
None - Only one marriage	

LIST ALL RESIDENCES FOR THE PAST TEN (10) YEARS, BEGINNING WITH YOUR PRESENT ADDRESS, LIST THE NAME, ADDRESS, AND PHONE NUMBER OF PRESENT AND PRIOR LANDLORDS (IF AVAILABLE), IF APPLICABLE.

Month/Year		Month/Year			
From	To	Own: <input checked="" type="checkbox"/> Rent: <input type="checkbox"/>			
February, 1992	Present				
Street Address					
19035 NW 54th Place					
City		Country		State, Zip	
Miami		USA		Florida 33055	
Landlord's Name			Phone Number		
Street Address:					
City		State		Zip Code	

Month/Year		Month/Year			
From	To	Own: <input type="checkbox"/> Rent: <input type="checkbox"/>			
Street Address					
City		Country		State, Zip	
Landlord's Name		Phone Number			
Street Address					
City		State		Zip Code	

MonthNear		MonthNear	
From	To	Own: _____	Rent: _____
Street Address:			
City	Country	State, Zip	
Landlord's Name		Phone Number	
Street Address:			
City	State	Zip Code	

MonthNear		MonthNear	
From	To	Own: _____	Rent: _____
Street Address			
City	Country	State, Zip	
Landlord's Name		Phone Number	
Street Address			
City	State	Zip Code	

MonthNear		MonthNear	
From	To	Own: _____	Rent: _____
Street Address			
City	Country	State, Zip	
Landlord's Name		Phone Number	
Street Address			
City	State	Zip Code	

Experience and/or Qualifications:

Describe how your past experience and/or qualifications would benefit the Public Health Trust:

I have over 30 years of experience as an Administrator/Manager in the health care field:

- Developed an incentive programs to reduce contract labor in Intensive Care, Coronary Care, Telemetry units.
- Initiated cross training between Intensive Care Nurses and the Emergency Department Nurses to reduce contract labor
- Developed and implement appointment system for the out patient clinic
- Got approval to install a new monitoring system for Telemetry
- Cross-trained Emergency Medical Technicians to work in the Intensive Care units
- Developed Quality Assurance and Utilization Review program
- Opened a new Home Health Agency
- Developed nursing staffing matrix
- Involved in educational training on all levels
- Recruited Nurses from India for Intensive Care Unit, Coronary Care Unit and Telemetry
- Implemented total nursing care in the units
- Experience in budget planning and preparation
- Knowledge in nursing standards and practices
- Met all the requirement for 1st time Home Health JCAHO accreditation
- Developed and implemented policy and procedure for pre-admission testing program
- 10 years of clinical experience as a med/surg. and intensive care nurse
- Taught at National School of Technology

Organization and Activities:

- New Way Praise and Worship Center (Assistant Sunday School Teacher)
- AARP
- NAACP
- Florida Nurses Association
- Youth for Christ (adolescent Prison Ministry)
- Senior, Retirees and Friends Fellowship
- American Heart Association

List any public office held (elected or appointed)

N/A

Month/Year		Month/Year		Own: ____ Rent: ____	
From		To			
Street Address					
City		Country		State, Zip	
Landlord's Name			Phone Number		
Street Address					
City		State		Zip Code	

EDUCATION:

A. Higher education. List information below for all colleges or universities attended.

B. Other schools or training (trade, vocational, business or military). Give for each, the name, location of school, dates attended, subjects studied, certificate, and any other pertinent data.

DATES FROM -TO	NAME OF SCHOOL AND LOCATION	COURSES STUDIED	CERTIFICATE YES NO
9/59 - 9/62	Harlem Hospital School of Nursing -NYC	Nursing	Diploma
1980 - 1996	Florida International Univ. - Miami, Florida	Health Serv. Admin.	BS Degree

C. Were you ever expelled or suspended from ANY SCHOOL or were you ever disciplined by any school official? YES ☐ NO ☒

If yes, give particulars:

SPECIAL QUALIFICATIONS AND SKILLS: Relating to the position for which you applied. List any special licenses (exclude vehicle operator's license) or certification showing licensing authority, where license was issued, and date of expiration: Registered Nurse, State of

Florida, Expiration date - April 30, 2006

Affiliation with hospitals, nursing homes or other health related institution:

N/A

Activities reflecting community interest:

- Involved in health care screening
- Participation in the Dade County school career day programs
- Relay for Life/American Cancer Society
- Neighborhood Crime Watch
- Miami Dade Poll Worker for several years

Potential conflict of interest, including those arising from relationships in the healthcare industry”

N/A

Persons acquainted with candidate’s activities/experiences:

- Mrs. Thelma Gibson Retired Registered Nurse and former Trust Member 305-442-9613
- Ms. Leah Carpenter CNO Memorial Miramar 954-538-5000
- Dr. James Bridges Retired OBS/GYN Physician and Chairman, North Shore Medical Center Board of Trustees 305-7584334

Please describe the goals and objectives you will seek to accomplish if you are selected as a trustee:

Utilize my administrative ,managerial, clinical and analytic skills to :

- assist the Trust in providing high standard health care to the community it serves
- Assist the Trust in setting sound policy decisions regarding health care issues
- Assist the Trust to provide cost effective and quality health care services to the community



EMPLOYMENT:**What has been your primary occupation?** Registered Nurse

- A. Are you now or have you ever been engaged in any business as an owner, partner, or corporate member- whether active or inactive? YES ☐ NO ☒

If yes, give details

- B. Were you ever discharged, terminated, fired, or have you ever resigned in lieu of being fired, for other than medical reasons (except military)? Yes _____ No X

If yes, explain, giving name and address of employer, approximate date and reason in each case:

- C. Have you ever received a suspension, reprimand (oral or written) or unsatisfactory job evaluation from an employer? If yes, give details:

NO

- D. List all the jobs you have had in the past TEN (10) years. **PLACE YOUR PRESENT OR MOST RECENT JOB FIRST.** If you need more space, you may include additional sheet(s). Include military service in proper time sequence and also periods of unemployment List all part-time, temporary, seasonal, voluntary, and self-employment jobs.

From	To	Name of Employer	Street Address	Job Title	Name of Supervisor	Phone No.
1986	2002	North Shore Medical Ctr.	1100 NW 95th Street	RN	Leah Carpenter	954-885 4015
City, State, Zip: Miami, Florida, 33150						
Description of Duties: Nursing Administration						
Part/Time or Full Time: Full Time						

Why did you leave? Retirement
Name of Co-Worker Sharon Joyner - 305-681-6047

From	To	Name of Employer	Street Address	Job Title	Name of Supervisor	Phone No.
City, State, Zip:						
Description of Duties:						
Part/Time or Full Time:						
Why did you leave?						
Name of Co-Worker						

From	To	Name of Employer	Street Address	Job Title	Name of Supervisor	Phone No.
City, State, Zip:						
Description of Duties:						
Part/Time or Full Time:						
Why did you leave?						
Name of Co-Worker						

From	To	Name of Employer	Street Address	Job Title	Name of Supervisor	Phone No.
City, State, Zip:						
Description of Duties:						
Part/Time or Full Time:						
Why did you leave?						
Name of Co-Worker						

From	To	Name of Employer	Street Address	Job Title	Name of Supervisor	Phone No.
City, State, Zip:						
Description of Duties:						
Part/Time or Full Time:						
Why did you leave?						
Name of Co-Worker						

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From	To	Name of Employer	Street Address	Job Title	Name of Supervisor	Phone No.
City, State, Zip:						
Description of Duties:						
Part/Time or Full Time:						
Why did you leave?						
Name of Co-Worker						

From	To	Name of Employer	Street Address	Job Title	Name of Supervisor	Phone No.
City, State, Zip:						
Description of Duties:						
Part/Time or Full Time:						
Why did you leave?						
Name of Co-Worker						

From	To	Name of Employer	Street Address	Job Title	Name of Supervisor	Phone No.
City, State, Zip:						
Description of Duties:						
Part/Time or Full Time:						
Why did you leave?						
Name of Co-Worker						

From	To	Name of Employer	Street Address	Job Title	Name of Supervisor	Phone No.
City, State, Zip:						
Description of Duties:						
Part/Time or Full Time:						
Why did you leave?						
Name of Co-Worker						

From	To	Name of Employer	Street Address	Job Title	Name of Supervisor	Phone No.
City, State, Zip:						
Description of Duties:						
Part/Time or Full Time:						
Why did you leave?						
Name of Co-Worker						

From	To	Name of Employer	Street Address	Job Title	Name of Supervisor	Phone No.
City, State, Zip:						
Description of Duties:						
Part/Time or Full Time:						
Why did you leave?						
Name of Co-Worker						

From	To	Name of Employer	Street Address	Job Title	Name of Supervisor	Phone No.
City, State, Zip:						
Description of Duties:						
Part/Time or Full Time:						
Why did you leave?						
Name of Co-Worker						

From	To	Name of Employer	Street Address	Job Title	Name of Supervisor	Phone No.
City, State, Zip:						
Description of Duties:						
Part/Time or Full Time:						
Why did you leave?						
Name of Co-Worker						

From	To	Name of Employer	Street Address	Job Title	Name of Supervisor	Phone No.
City, State, Zip:						
Description of Duties:						
Part/Time or Full Time:						
Why did you leave?						
Name of Co-Worker						

MOTOR VEHICLE DRIVERS LICENSE HISTORY:

A. Can you operate a motor vehicle? YES ☒ NO ☐

Do you now or did you ever possess a driver's license from the State of Florida? YES ☒ NO ☐

Driver's License Number: F630-284-40-5590 State FL Date Issued: 12/29/03

Restrictions: Corrective lenses Expiration Date: 02/19/10

B. Have you ever been issued a driver's license by any state other than Florida? YES ☒ NO ☐
If yes, provide the following information (if available):

Driver's License Number: Not Available State WA Date Issued: 1963

Restrictions: Not Available Expiration Date: 1964

C. List all citations you have received: *best available information

Location (Street, City, State)	Approx. Date	Nature of Violation	Penalty or Disposition
N/A			

D. Was your license ever suspended or revoked? YES ☐ NO ☒

If yes, list date and reason:	

E. Was your license ever restored? YES ☐ NO ☒ If yes, when? _____

F. Has your driver's license ever been restricted due to traffic offense convictions or placed on negligent operator's probation?

If yes, give details. The response for "F" above is no.	

G. List all vehicles that you currently own or operate:

YEAR	MAKE	MODEL	COLOR	TAG NUMBER	OWNER
2003	Buick	Park Avenue	Dark Grey	W86-CZR	LaRue Ford & Georgena Ford
1996	Chevrolet	Lumina	White	U09-ZVA	LaRue Ford & Georgena Ford

H. Have you ever been arrested or convicted of a crime? YES ____ NO X

If yes, complete the items listed below:

Crime Charged	Police Agency	Date	Disposition of Case

Crime Charged	Police Agency	Date	Disposition of Case

Crime Charged	Police Agency	Date	Disposition of Case

Crime Charged	Police Agency	Date	Disposition of Case

Crime Charged	Police Agency	Date	Disposition of Case

1. Have you ever been placed on probation? YES ____ NO X

If yes, give details:	

J. Have you ever been required to pay a fine for any criminal or civil violations?

YES ____ NO X

If yes, give details:	

JP

K. If you have been fingerprinted by a law enforcement agency, for any reason, give details below. Your answers will be checked with the FBI and other agencies.

Agency	Date	Purpose
No to "K" above		

L. Have you ever been the subject of a police investigation? YES ____ NO X

If yes, give details, including police department and dates:	

M. Have you or your spouse ever sued anyone (civil court plaintiff)? YES X NO ____

If yes, give details and provide copies:	March, 2000. The undersigned was involved in an automobile accident and was hit by a Metro Dade Fire Rescue Vehicle. The case was settled out of court (see attachment).

N. Have you or your spouse ever been sued by anyone (civil court defendant)? YES ____ NO X

If yes, give details and provide copies:	

O. Have you ever had a domestic violence injunction or any type of restraining order placed against you? YES ____ NO X

If yes, give details and provide copies:	

P. Have you ever placed a domestic violence injunction or any other type of restraining order against any other person? YES ____ NO X

If yes, give details and provide copies:	

Q. Have you ever been involved in any type of domestic violence involving your spouse, significant other, or other family member? YES ____ NO X

If yes, give details:	

FINANCIAL INFORMATION:

A. Do you own or are you buying your home? YES X NO ____

Location of Home	19035 NW 54th Place, Miami, Florida 33055
------------------	---

B. Do you own or are you buying other real estate? YES ____ NO X

Type of Real Estate		Location	
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C. Do you or your spouse have any other sources of income other than salary? YES X NO

If yes, give details:	Retirement pensions, & Social Security.

D. Have you ever had accounts placed in the hands of a collection agency? YES NO

If yes, give details:	No to "D" above.

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties, required of you, that require further explanation? YES NO X

If yes, give details. (Do not list any incidents relating to medical/psychological suitability).	

Past and/or Present Membership in Organizations: (See Attachment)

Name, Address and Phone Number	Type (Social, Fraternal, Unions, Professional, Academic, Etc.....)	Office or Position Held	Membership	
			From	To
(See Attachment)				

Past and/or Present Membership in Organizations:

- **New Way Praise and Worship Center**
16800 NW 22nd Ave, Miami, Fl 33055
305-625-7246
Pastor : Bishop Billy Baskin
Position held: Assistant Sunday School Teacher
Member since 1978--- to present
- **Florida Nurses Association--Professional Organization -member since 1990**
- **NAACP ---member since 1990**
- **Youth For Christ (Adolescent Prison Ministry)**
Pastor Gary Brown, 954-801-0700
Affiliated with this ministry since 2003
- **AARP member since 2003**
- **Founder of Retirees, Seniors and Friends fellowship --Social group-since 2003**
- **American Heart Association -past member(2002)**
- **Former Girl Scout Leader--1980-1982**
- **Past member-- Certified Case Manager 1990-1994**
- **Past member -Hospital Admitting Manager(1978-1981)**
- **Metro Dade Voters' poll worker since 2003**

MILITARY:

Have you ever served in the Armed Services of the United States? (including Coast Guard, Reserves, National Guard, or ROTC). YES ____ NO X

If yes, please INCLUDE A COPY OF DD-214 (IF NOT PREVIOUSLY FURNISHED)

Branch of Service		Company	
Regiment		Division	
Ship			

What is or was your service number? _____ - _____ - _____

Highest rank held? _____

What is the type of your discharge? **BE EXACT**

Honorable		Dishonorable		General		Honorable Condition		Other (Please specify)

Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast, Article 15, or company punishment, or any other disciplinary action while a member of the Armed Forces? YES ____ NO ____

If yes, explain below:	

List any disciplinary action taken against you in the Armed Forces including the National Guard or other Reserve unit:

List any other information pertaining to military service not requested above.

CONTROLLED SUBSTANCE USE:

A. Have you **ever** possessed, smoked, injected, inhaled, swallowed or ingested by any other means, marijuana or any illegal drugs without legal authorization? YES _____ NO X If yes, how many times and when was the last time you used marijuana or any other illegal drugs (explain the circumstances)?

The following is to be executed PRIOR to submission:

I hereby swear or affirm that there are no misrepresentations or omissions in or falsifications of the above statements and answers to questions. I am aware that should an investigation disclose such misrepresentations, falsifications or omissions, my application will be rejected and I will be disqualified from applying in the future for any position in the service of the Miami-Dade County, or, if after my acceptance for employment, subsequent investigation should disclose misrepresentations, falsifications, or omissions, it will be just cause for immediate dismissal.

<u>Georgena D. Ford</u>	Georgena D. Ford	<u>9/27/05</u>
Signature of Applicant	Print Name	Date <u>9/28/05</u>

Subscribed and sworn to before me this 28 day of SEPTEMBER, 2005

by GEORGENA DAVIS FORD.
(Name of Affiant)

CHECK ONE:

Personally Known _____ or Produced Identification ☒
TYPE OF IDENTIFICATION PRODUCED: FDL # F-630-284-40-559-0

Edw. G. Morales
NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

MY COMMISSION EXPIRES: _____

EDWIN G. MORALES
NOTARY PUBLIC, PRINT NAME



CREDIT REPORT AUTHORIZATION

The below signed person(s) authorizes EQUIFAX to furnish an EQUIFAX Credit report to the Miami-Dade County for the purpose of Employment and Background Checks.

Georgena D. Ford

Print Applicant Name

Georgena D. Ford

Applicant's Signature

Charles C. Stafford, Jr.

Print Witness Name

Char. C. Stafford, Jr.

Witness Signature

262-62-3820

Applicant Social Security Number

February 19 1940

Date of Birth: MO/DAY/YR

19035 NW 54th Place

Applicant's Address

Miami, Florida 33055

City State Zip

305-621-2701

Applicant's Home Phone Number

IN THE CIRCUIT COURT OF THE 11TH
JUDICIAL CIRCUIT IN AND FOR MIAMI
DADE COUNTY FLORIDA

GEORGENA DAVIS FORD, and
LARUE FORD,

Plaintiffs,

vs.

MIAMI-DADE COUNTY, a political
Subdivision of the State of Florida,

Defendants.


GENERAL JURISDICTION DIVISION

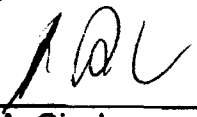
CASE NO.: 00-32607 CA 02

JOINT MOTION AND ORDER OF DISMISSAL

COME NOW the parties hereto, GEORGENA DAVIS FORD and LARUE FORD, Plaintiffs, and MIAMI DADE COUNTY, Defendant, by and through their undersigned attorneys, and move for entry of an Order of Dismissal herein with prejudice to the Plaintiffs GEORGENA DAVIS FORD and LARUE FORD, and respectfully show unto this Court that all matters and things in dispute between them have been amicably settled and adjusted; and all liens, encumbrances and subrogated interests are to be paid by the Plaintiffs and Plaintiffs' counsel out of the proceeds of the settlement herein, and each party is to bear its own costs.

DATED this 21st day of March, 2005.


Franklin C. Ferguson, Esq.
Law Office of Karl S. H. Brown, P.A.
Attys. for Plaintiffs
190 N.E. 199 St.
Suite 201
No. Miami Beach FL 33179-2927


Robert A. Ginsburg
Miami Dade County Attorney
By: Kenneth B. Drucker
Assistant County Attorney
Stephen P. Clark Center suite 2810
111 N.W. 1st St.
Miami FL 33128-1993

Georgena David Ford et al v.
Miami-Dade County etc.
Case no. 00-32607 CA 02
Stipulation and Order of Dismissal

ORDER OF DISMISSAL

THIS CAUSE coming on to be heard on the foregoing Joint Motion for Order of Dismissal, and the Court being advised in the premises, it is

ORDERED AND ADJUDGED that the above-styled action be and the same is hereby dismissed with prejudice, each party to bear its own costs, with the Plaintiffs GEORGENA DAVIS FORD and LARUE FORD and Plaintiffs counsel being responsible for and paying all liens, encumbrances and subrogated interests, if any, out of the proceeds of the settlement.

DONE AND ORDERED in Chambers at Miami, Miami Dade County, Florida, this _____ day of _____, 2004.

Confirmed Copy

MAR 28 2005

RONALD M. FREDMAN
Circuit Court Judge

JUDGE, CIRCUIT COURT

Copies furnished to:
Franklin C. Ferguson, Sr., Esq.
Kenneth B. Drucker, Esq.